

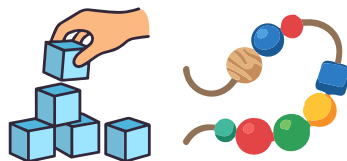


Updates for Patients, families & friends

When Little Hands Need Extra Help

Occupational therapy can help young children who experience fine motor delays develop the hand skills needed for everyday activities, play, and early learning. Fine motor skills involve the small muscles of the hands and fingers that are necessary for tasks such as grasping toys, stacking blocks, turning pages, feeding with utensils, and beginning pre-writing activities. Children with fine motor delays may have difficulty

- manipulating small objects
- using both hands together
- maintaining hand strength,
- coordinating movements



OT sessions are play-based and engaging while targeting developmental skills. Therapists use a variety of activities to improve hand strength, coordination, grasp patterns, and bilateral coordination. Children may also work on visual motor skills needed for coloring, copying shapes, and early handwriting readiness. Occupational therapists collaborate closely with families to provide strategies and activities that can be easily incorporated into daily routines at home. Early intervention is important because young children learn best through repetition, play, and meaningful experiences.

Research supports that early therapy services can improve functional participation, independence, and readiness for school-based tasks. Building strong fine motor foundations during the preschool years can support future success in self-care, academics, and play.

OVERVIEW:

- When Little Hands Need Extra Help
- Aquatic Therapy & Pain Neuroscience Education: Moving with Confidence
- Late Talker or Just Taking Their Time?
- W-Sitting: Is it Bad?

Upcoming Events:

- PB 5 year Anniversary at Current Clinic Location!
- 6/1: Meghan 1 Year PB Anniversary
- 6/2: Mackenzie 1 Year PB Anniversary
- 6/3 World Bicycle Day
- 6/8 World Oceans Day
- 6/8 - 6/12: National Garden Week
- 6/13: CPC's Family Fun Fest, 9am-1pm
- 6/16: Jessica 12 Year PB Anniversary; Lily 1 Year PB Anniversary
- 6/21: Father's Day; First Day of Summer
- 6/24: Jenna, SLP 2 year PB Anniversary



Shout outs!

- Water therapy is the best ever! It helps my blood flow, helps my coordination- I can't fall in the water, and I am taught by an excellent teacher. Water therapy relaxes my whole body and increases my endurance!
- I like coming to OT because I like to go on the swing! I like to paint and play the game pancake pile up!

Late Talker or Just Taking Their Time?



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THINGS!



One of the most common questions parents ask is, "Should my child be talking more by now?" While every child develops at their own pace, there are certain speech and language milestones that can help determine whether a child is simply taking their time or may benefit from additional support.

A "late talker" is typically a toddler who understands language well but is using fewer words than expected for their age. Parents may want to consider a speech-language evaluation if their child:

- Uses few or no words by 18 months
- Has difficulty following simple directions
- Becomes frustrated when trying to communicate
- Relies heavily on gestures rather than words
- Is difficult for familiar listeners to understand after age 3



Speech therapy is not just about helping children talk. It also supports understanding language, building vocabulary, improving social communication, and increasing confidence when interacting with others. The earlier communication challenges are identified, the sooner children can receive support to build these important skills. If you're wondering whether your child's speech and language development is on track, schedule a speech evaluation today and we can provide guidance, reassurance, and individualized recommendations for your family.

Aquatic Therapy & Pain Neuroscience Education: Moving with Confidence

Aquatic therapy provides a unique, supportive environment for individuals experiencing pain, injury, or mobility challenges. The warmth and buoyancy of water reduce stress on joints

while allowing for improved movement, strength, and confidence. Our therapists pair aquatic therapy with Pain Neuroscience Education, helping individuals better understand how pain works. Pain is not always an indicator of injury, in many cases, it reflects an overactive alarm system in the body. Through education, we help individuals reframe their understanding of pain, reduce fear of movement, and build confidence in their bodies. Combined with the low-impact benefits of aquatic therapy, this approach allows for safe, effective progression toward improved function. Together, movement and education empower individuals to move more freely, build strength, and take an active role in their recovery—helping them truly move better and feel better.



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W-Sitting: Is it Bad?

What is w-sitting?

W sitting is a seated position on the buttocks with both feet rotated out and away from each side of the body.



Why does my child w-sit?

- W-sitting creates a wide base of support, making balance easier.
- Children can maintain this position with less activation of their trunk and postural muscles.
- W-sitting allows children to focus on toys and activities rather than maintaining sitting balance.

What impacts can too much w-sitting have?

- Can limit development of core strength and postural control.
- Reduces opportunities for trunk rotation and weight shifting during play impacting balance and coordination
- Can reinforce movement patterns associated with in-toeing in some children.

Is w-sitting bad?

- W sitting is normal in moderation
- W sitting is only cause for concern when it becomes the preferred sitting position and/or difficulty with other sitting positions

When should parents be concerned?

- Child prefers W-sitting during most floor play or resists/avoids other sitting positions
- Frequently trips, falls, or appears clumsy
- Demonstrates in-toeing when walking or running
- Has difficulty with balance or playground activities
- Appears to have poor posture or decreased core strength

What Can Parents Do?

- Encourage a variety of sitting positions such as criss-cross, side sitting, tall kneeling, and prone.
- Consult a pediatric PT if W-sitting is frequent or accompanied by other motor concerns.

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